FOR OFFIC	E USE ONLY
SYS:	
ID:	

## **PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM CORRECTIONS OFFICER RETIREMENT PLAN ELECTED OFFICIALS' RETIREMENT PLAN**

FORM 9 09/06 Page 1 of 1

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016

		X (602)255-5572 www.psprs.com	
	NAME OR	ADDRESS CHANGE	
PLEASE PRINT:			
Current Name:		Social Security Number:	
f applicable, please fill in th			
Present Employer:			
	<u>ADD</u>	RESS CHANGE	
Your New Address:			
	Street	Apt. No.	
	City	State	Zip
County:	City	State	Σīρ
			`
Home/Cell Phone Numb	er: <u> </u>	Work Phone Number: (	) -
Email Address:			
		/ /	
Member's	Signature	Date	
Notes If maying names and	odler and of the state of A.	winners also stack Form A 4D Amoun	itanatia Dannast fon
		rizona, please attach <i>Form A-4P Annua</i> terminate the prior withholding election.	
found on our website at wy			
(Please include v		.ME CHANGE as a copy of your driver's license or marria	ao cortificato )
(Flease illolude V	and documentation such a	is a copy of your driver's license of marria	ge certificate.)
	N. (D.L. I)		(7)
Your Former	Name (Printed)	Your New Name	(Printed)
			/ /
Witness Signatu	ure	Member Signature	Date